| Name  | Date  |                                 |                                       |   |  |                     |  |
|---|---|---------------------------------|---------------------------------------|---|--|---------------------|--|
| Position  |   |                                 | Performance of the same               |   |  |                     |  |
| This information become on your answers. Please category that best shows  Years of relevant experience: | fill out this form as co<br>the depth of your exp | omplete as<br>erience. <i>L</i> | possible. Un<br><u>Oo not</u> check n | der columns t<br>nore than one          | hree through<br>column per li  | six, check the      |  |
| Years of full-time work Years of part-time work   | HS/GED  |                                 |                                       |   |  |                     |  |
|   | Model or 1<br>Version(s)                          | Yrs. 2<br>Of Exp.               | Training 3 only                       | Performed 4 w/Help                      | Performed 5 Unaided  | Instructed 6 Others |  |
| Office Equipment:   | Used  |                                 | (1)                                   | `'                                      | Control of the Contro |                     |  |
| (May be tested) Typewriter wpm  |   |                                 |                                       |   |  |                     |  |
| Keyboard wpm  |   |                                 |                                       |   |  |                     |  |
| Copy Machine  |   |                                 |                                       |   |  |                     |  |
| Fax Machine   |   |                                 |                                       |   |  |                     |  |
| Cash Register or Teller   |   |                                 |                                       |   |  |                     |  |
| Other:  |   | :                               |                                       |   |  |                     |  |
| Computer Hardware:  | **************************************            |                                 |                                       |   |  |                     |  |
| IBM Compatible PC   |   |                                 |                                       |   |  |                     |  |
| Apple Macintosh   |   |                                 |                                       |   |  |                     |  |
| Mainframe terminal  |   |                                 |                                       |   |  |                     |  |
| Other:  |   |                                 |                                       |   |  |                     |  |
| Operating Systems/Environ.:   | -100  |                                 | a a                                   |   |  |                     |  |
| DOS   |   |                                 |                                       |   |  |                     |  |
| Windows   | -   |                                 |                                       |   |  |                     |  |
| Apple   |   |                                 |                                       |   |  |                     |  |
| Other:  |   |                                 |                                       | *************************************** | site or  |                     |  |
| Word Processing Software:   |   |                                 |                                       |   |  |                     |  |
| WordPerfect   | <u> </u>  |                                 |                                       |   |  |                     |  |
| WordStar  |   | 1                               |                                       |   | 1  |                     |  |

|                                      | Model or<br>Version(s)<br>Used | 1 | Yrs. 2<br>Of Exp. | Training 3 only | Performed 4<br>w/Help | Performed 5<br>Unaided | Instructed 6 Others (4) |
|--------------------------------------|--------------------------------|---|-------------------|-----------------|-----------------------|------------------------|-------------------------|
| Microsoft                            |                                |   |                   |                 |                       |                        |                         |
| Other:                               |                                |   |                   |                 |                       |                        |                         |
| Equipment to be Operated:            | Trans.                         |   |                   |                 |                       |                        |                         |
| Telex Cassette Duplicating<br>System |                                |   | ,                 |                 |                       |                        |                         |
| DuKane Filmstrip Viewer              |                                |   |                   |                 |                       |                        |                         |
| Singer Caramate Slide Viewer         |                                |   |                   |                 |                       |                        | _                       |
| LaBelle Viewer                       |                                |   |                   |                 |                       |                        |                         |
| VCR                                  |                                |   |                   |                 |                       |                        |                         |
| Other:                               |                                |   |                   |                 |                       |                        |                         |
| Other:                               |                                | _ |                   |                 |                       |                        |                         |

| I have answered the above information to the best of my knowled | uge.  |
|---|-------|
| Signature:  | Date: |
| Social Security Number:   |       |